

042575/19344/MHW/MEL

**U.S. District Court for the Northern District of Illinois  
Attorney Appearance Form**

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Case Title: MICHAEL DAVIS v. Case Number: 17-cv-3654  
 STATEVILLE PRISON  
 GUARD WESAM S. ALI,  
 ILLINOIS DEPARTMENT OF  
 CORRECTIONS (IDOC),  
 NURSE "MARY", and  
 WEXFORD HEALTH  
 SOURCES, INC

An appearance is hereby filed by the undersigned as attorney for:

WEXFORD HEALTH SOURCES, INC.

Attorney Name (type or print): Matthew H. Weller

Firm: CASSIDAY SCHADE LLP

Street Address: 20 N. Wacker Drive, Suite 1000

City/State/Zip: Chicago, IL 60606

Bar ID Number: 6278685

Telephone Number: (312) 641-3100

(See Item 3 in instructions)

Email Address: mweller@cassiday.com

Are you acting as lead counsel in this case?

☒ Yes ☐ No

Are you acting as local counsel in this case:

☐ Yes ☒ No

Are you a member of the court's trial bar?

☒ Yes ☐ No

If this case reaches trial, will you act as the trial attorney?

☒ Yes ☐ No

If this is a criminal case, check your status.

☐

Retained Counsel

☐

Appointed Counsel

If appointed counsel, are you a

☐ Federal Defender

☐ CJA Panel Attorney

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In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by local Rules 83.12 through 83.14. I declare under penalty of perjury that the foregoing is true and correct. Under 28 U.S.C. § 1746, this statement under perjury has the same force and effect as a sworn statement made under oath.

Executed on July 19, 2017

Attorney Signature: s/Matthew H. Weller

(Use electronic signature if the appearance form is filed electronically.)

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